



Administrative Policies and Procedures: 31.7

Subject:	Building, Preparing and Maintaining Child and Family Teams
Authority:	Brian A. Settlement Agreement; TCA 37-5-106
Standards:	DCS 5-201, 5-202, 5-203, 5-204, 5-401, 5-402, 5-500, 6-507 B
Application:	All DCS Family Service Workers, CPS Case Managers, Social Services Case Managers, and Supervisory Staff

Policy Statement:

Building, preparing and maintaining Child and Family Teams is the model utilized by DCS staff to ensure that families and their support systems are engaged in the planning and decision-making process throughout their relationship with the Department. This team will be convened at certain critical junctures in the case, and it is expected that work with members of the team will be an ongoing process based on the needs of the child and family. DCS will establish working relationships with the **Child and Family Team (CFT)** that shall be characterized by behaviors that impart respect for human dignity, full disclosure of information, inclusion in the decision-making process, and an awareness of the appropriate use of authority in serving families. Through the use of quality **Child and Family Team Meetings (CFTM)**, accompanied by ongoing work with the child and family team, this model will be utilized to address critical decisions around the placement of children; for the continuous assessment of family strengths and needs; for making permanency decisions and developing individualized case plans; and for conducting ongoing reviews to ensure that plans are being implemented toward achieving permanency for children who are in DCS custody. Staff from DCS will partner with families, their support systems, and private provider staff to ensure that best practice, timelines, and professional standards are met to the maximum extent possible. However, DCS supervisory discretion is permissible in special circumstances when the child's or family's unique situation warrants it.

Purpose:

Child welfare is a community responsibility requiring a collective approach. The process of building, preparing and maintaining Child and Family Teams ensures that families are included in decision-making and that community supports are engaged to help families meet their needs. The Child and Family Team process is used to engage a group of committed individuals who will work to strengthen the family and help it craft an individualized case plan. This model of practice emphasizes family strengths, mobilizes community resources, and involves all those concerned with the child and family in developing and monitoring plans that will maximize the safety, permanency and well being of the children involved.

Procedures:

A. Engagement of the Child and Family Team	1. From the first contact a family or child has with DCS, they should be engaged with empathy, genuineness and respect. It is important that the child and family are part of a trust-based, mutually-beneficial helping relationship with the DCS worker so that they can be active participants in shaping and directing service arrangements that impact their lives. Collaborative and open casework relationships foster an atmosphere of trust when case managers demonstrate
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	<p>competence and empathy, and communicate a belief in family strengths and resilience. When families are engaged in collaborative and open decision making and case planning, they understand their roles in the change process and are better able to develop substantive relationships with case managers and other individuals and agencies with which they work.</p> <ol style="list-style-type: none"> 2. As risk and safety are being assessed, staff must make every effort to validate the child/family's feelings, elicit their understanding of their strengths, needs, and circumstances, and help them to identify other resources in their family, network, or community that could offer support. These individuals, along with DCS staff, other professionals from community providers, and resource parents should form the foundation of an ongoing, functioning team that will work with the family and DCS to: <ol style="list-style-type: none"> a) Secure the child(ren)'s safety in the least restrictive, least intrusive placement that can meet their needs; b) Minimize the trauma associated with separation from family and help the child to maintain meaningful connections with family members and others who are important to him or her; c) Contribute to an ongoing assessment of the child and family's strengths and needs; d) Develop and support the implementation of quality permanency plans and individual program plans for youth in a YDC; e) Ensure that plans are monitored for progress and participate in revising or updating plans as the family/child's circumstances change; f) Support the stability of appropriate placements while in DCS custody; and, g) Facilitate the timely achievement of permanency for children. 3. Members of the Child and Family Team (CFT) should be actively engaged throughout the department's work with the family. A Child and Family Team Meeting (CFTM) will be convened at certain critical junctures in the life of a case, as well as on an as-needed basis, to help the family and the department work together to achieve permanency for children as soon as possible. The Family Service Worker (FSW) coordinates the efforts of the team to ensure that everyone understands their role and responsibility to help the family achieve their long term goals, or, in the event the family is not a viable resource for the child, to work toward finding a permanent, nurturing home for each child in care.
B. Teamwork and Coordination	<ol style="list-style-type: none"> 1. The FSW has the primary responsibility for building, preparing and maintaining the Child and Family Team. This requires working closely with the family to identify their support systems, extended family members, and community resources that can help the family achieve their goals. The family and child (if age-appropriate) should always be central to the decision-making and planning process of the Child and Family Team. 2. Collaboration among team members from different agencies is essential. Evidence of team functioning lies in its performance over time and the results it achieves for the child and family. The focus and fit of services, authenticity of relationships and commitments, dependability of service system performance, and

connectedness of the child and family to critical resources all depend upon an effective Child and Family Team process.

a) Convening the Child and Family Team

- i. The development of the Child and Family Team begins when there is any risk that a child may be removed from his or her home. The Child and Family Team is convened to explore the safety and risk issues, assess how to meet the child's needs for safety in the least restrictive, least intrusive manner possible, and examine whether there are other family resources that can care for the child. No child should enter the custody of DCS without the convening of a Child and Family Team Meeting. In the event a child is removed on an emergency basis, or adjudicated by a juvenile court for delinquency and placed into DCS custody, the team should be convened as soon as possible to ensure that placement is the best alternative to keep the child safe; that the specific placement is appropriate to meet the child's needs; that the resource parents or other provider have the information they need to care for the child; and, that a visitation schedule is arranged with the family. At this meeting, DCS staff should explore who else could be added to the team, such as informal supports, extended family, and community providers. All team members should be prepared to participate in a CFTM for the development of the permanency plan and/or the individual program plan.
- ii. The development of an individualized, comprehensive permanency plan depends upon a full, functioning team that can identify the child and family's strengths and resources; address their needs; help them articulate their long term view; identify how to resolve the issues that required DCS intervention; generate creative solutions; and, share the responsibility for helping the family and child overcome any barriers to child safety, permanence, and well being. The more participants engaged in permanency planning, the more likely that permanency plans will be tailored to the child and family's specific needs.
- iii. The Child and Family Team should also be re-convened periodically for the revision and tracking of the permanency plan, to ensure that plans are relevant, that progress is being made, and that plans are revised as needed to address any new issues that may emerge. The team should participate in a child and family team meeting whenever a change of permanency goal is being considered.
- iv. Disruptions in continuity of care are damaging to children. They can result in additional trauma, delayed development, interruptions in education, and interfere with a child's ability to attach and trust others. No child in DCS custody should change a placement without convening a **Placement Stability Child and Family Team Meeting**. This meeting is to assess whether that placement is meeting the child's needs; what DCS and the team can do to support the placement, if it is appropriate; or, if not, to help identify a more appropriate placement for the child. It is also necessary, when a change of placement has been planned and represents a move toward permanency, for the team to meet and ensure that all of the services are in place to make that placement successful.

- ◆ Depending upon the circumstances for a change of placement, it may not be necessary to have the full team involved in these meetings. However, the youth, the family, DCS staff, private provider staff (if providing care) and the caregivers should all participate to help identify the resources needed to stabilize the child and ensure a successful placement.
 - ◆ In the event a placement disruption has taken place without sufficient time to gather the team, it is still good practice to convene a Placement Stability Child and Family Team Meeting to examine the issues that prompted the disruption, to assess how the child is adjusting to the new placement, and whether the child needs additional services or supports to maintain that placement.
- v. Before a child is leaving custody or beginning a trial home visit, a Discharge Planning CFTM should be convened to ensure that all the needed risk and safety issues have been resolved and that there are services in place to support a successful transition.
 - vi. There may be other occasions when the wisdom and support of the child and family team are crucial to ensuring that services are being delivered, that the barriers to permanency are being addressed, the child and family's needs are being met, and that every effort is being made to minimize the damaging effects of out-of-home placement for children.
 - vii. Please refer to the **Child and Family Team Meeting Protocol** for more guidance on the critical junctures that require a Child and Family Team Meeting and what should occur at each type of meeting.

b) Preparing and Planning for the Child and Family Team

- i. Advanced preparation is essential to a quality CFTM. DCS staff must ensure that families and other team members are prepared for the purpose of the Child and Family Team Meeting and what they can expect to take place. This includes preparing the family and youth for the issues that will be discussed and exploring with them how difficult or sensitive issues could be handled. FSWs should spend time prior to each meeting helping the family/youth articulate their current situation, to identify their strengths and needs, and to explore their desired outcomes. Similarly, other members of the team should be informed of the purpose of the meeting and how they can contribute to the decisions that must be made and the development of action steps that will result from the meeting.
- ii. In the course of preparing the family for the meeting, the FSW can gather valuable assessment information to develop or update the Functional Family Assessment.
- iii. When a skilled facilitator will be conducting the meeting, the FSW should have a pre-meeting consultation to prepare the facilitator for the meeting and alert him or her to any special issues or considerations needed.
- iv. DCS staff shall plan Child and Family Team Meetings for times and locations that are convenient to the family and child(ren)/youth. Efforts

shall be made to schedule the meeting to accommodate as many team members as possible. The location of the meeting should be conducive to the private discussion of family issues.

- v. The FSW must also assess any safety concerns, such as domestic violence or other sensitive issues to be discussed in the meeting, when determining an appropriate location and who should be included in the meeting.
- vi. Families and community partners should be given adequate notice of non-emergency meetings, preferably ten (10) calendar days in advance if in writing or seven (7) calendar days if notified by telephone. The **CS-0746, Meeting Notification** may be used to provide written notice of any CFTM called by DCS staff. Efforts to schedule meetings and accommodate team members should be clearly documented in the case recording section of TN Kids.
- vii. DCS should provide services to support the participation of parents and relatives in Child and Family Team Meetings. Such services may include transportation, childcare, interpreter services, and any other services that would facilitate and support the family's participation.

c) Members of the Child and Family Team

- i. The FSW, birth parents, and family members form the core of the child and family team. Other members can be anyone identified by the family, as well as service providers or other professionals serving the child or family. Because it is considered the "family's" meeting and confidentiality must be maintained as much as possible, the family must agree to the inclusion of community members and other professionals who may not be directly related to the case. The FSW must engage the family in exploring how a diverse team could help them resolve their issues more quickly and provide more ongoing support outside of DCS.
- ii. A diverse team is preferable to assure that the necessary combination of technical skills, cultural knowledge, community resources and personal relationships are developed and maintained for the child and family. Collectively, the team should have the expertise, family knowledge, authority and ability to flexibly mobilize resources to meet the child's or family's specific needs. Members of the team should have the time available to fulfill commitments made to the child/family. Team competence, support, and ongoing involvement are essential.
- iii. The goal of the Child and Family Team Meeting should influence who should participate in any particular meeting, but the child and family must always be the centerpiece of every CFTM. DCS must help youth and families to identify individuals that they want to become part of their team, people they can turn to in a crisis and rely upon. The FSW must make every effort to engage extended family and community-based, informal supports that will continue to help the family after DCS is no longer involved.

◆ Child/Youth

- Children and youth who are 12 years of age and older should be included and prepared to participate in the meeting, to the extent that is age-appropriate. In some cases, children younger than 12 can participate in the meeting, according to his or her maturity level and ability to understand. Arrangements should be made to escort younger children out of the meeting and provide supervision when the discussion of sensitive or difficult topics must take place. Usually it's best to include the child in the beginning of the meeting to get his/her understanding of the situation, explore the child's needs and adjustment to placement, etc., and then excuse the child for discussions regarding the treatment needs of parents. Exceptions to this policy must be clearly documented in the case record, with an explanation for why the child's participation would be contrary to his/her best interests.
- Generally, children/youth and families should be involved together in their Child and Family Team Meetings. However, consideration shall be given to issues related to safety or highly-charged emotional issues, which may call for some adaptation to the meeting format. Staff shall assess this issue on a case-by-case basis and provide alternative means of participation if the child/youth's best interest warrants the exclusion of any team members. Careful preparation for the CFTM will help the FSW assess whether special considerations or adaptations are needed.
- A Child and Family Team Meeting can be very intimidating to young people. Youth should be encouraged to bring someone with them that they trust, who will help them feel more comfortable. Most youth will need frequent encouragement to participate, as well as protection from team members who may tend to focus only on the youth's behaviors or problems.

◆ Parent/Families (Including legal, biological and alleged fathers)

- Unless a parent's rights have been terminated or surrendered, the department must include all known parents, including legal and biological fathers, in the Child and Family Team process. Depending upon the relationships and circumstances of the family, alleged fathers may need to be included, as well.
- The Department shall conduct diligent searches (DCS policy [16.48, Conducting Diligent Searches](#)) throughout the life of the case if there are any unidentified parents, or the Department does not know their whereabouts. Efforts to locate parents should be clearly documented in the case record.
- The incarceration of a parent will not be a barrier to their participation in the CFTM and permanency planning

process. By law, DCS must create opportunities for all parents to participate in the plan and to meet their parental responsibilities. This may be accomplished by having meetings where they are located, or by arranging for them to participate by telephone.

- Extended family members and other support persons identified by the family or DCS should also be invited to participate.

◆ **Trained Full-Time Facilitator or Back-up Facilitator**

- These are staff that have completed the Advanced Facilitation Training and have been certified as a skilled facilitator, whether working full-time as a facilitator or serving as a back-up facilitator. The facilitator is primarily responsible for the process of the CFTM, which includes ensuring that everyone participates and is heard; that everyone understands the purpose of the meeting; that all the relevant safety and risk issues are being addressed; and that the team reaches a consensus on the decisions to be made. The facilitator guides the meeting through a logical process, helping to resolve any differences that may arise, and ensuring that by the end of the CFTM, there is a plan of action developed, with the responsible persons and time frames clearly identified.
- It is mandatory in all regions that a **Trained Full-time Facilitator** or **Back-up Facilitator** conduct all Initial CFTMs and all Placement Stability CFTMs.
- CFTMs held for the development of permanency plans, the review of progress on permanency plans, or the revision of a permanency plan does not require the use of a skilled facilitator, but one may be requested if one is needed. Regions have the flexibility to determine when they will require a Trained Full-time or Back-up Facilitator for CFTMs apart from the Initial and Placement Stability CFTM.
- Whenever possible, efforts should be made to ensure that the same facilitator who conducted the Initial meeting remains involved with the family for subsequent meetings.
- A Trained Full-time or Back-up Facilitator is not required to facilitate Discharge Planning CFTMs.
- In the event there is a Special Called CFTM, the team may request the presence of a Trained Full-time or Back-up Facilitator, or the FSW or Team Leader can facilitate the meeting, depending upon the nature of the concerns and the parties involved.

◆ **Child's Family Service Worker**

- The Family Service Worker is responsible for working with the family and team to coordinate the resources needed to meet the needs of the child and family. As described

above, the FSW helps the family identify who should be included on the team, prepares the team members, schedules meetings, and maintains contact with team members as needed between meetings, to ensure that the agreed-upon action steps are being taken. During the CFTM, the FSW is primarily responsible for the content being discussed, i.e., the worker must be prepared to explain why the meeting was needed, describe the precipitating events, the current situation, the history of the problem, what strengths have been identified within the family/youth, and the worker's recommendation. In the absence of the FSW, the Team Leader is expected to present the case and the department's recommendations in the CFTM. For youth placed in a Youth Development Center (YDC) the meetings should be arranged and scheduled by the YDC case manager, but the FSW responsible for the case must participate in the CFTM, even if it is by telephone or via video conferencing.

◆ **Team Leader**

- The Team Leader (TL) for the case is required to participate in all Initial CFTMs and all Initial Permanency Planning CFTMs. In the event the Team Leader is not available, another Team Leader can participate in his or her place. It is highly recommended that the Team Leader participate in CFTMs convened for the purposes of reviewing the progress on the permanency plan or to consider a change in the permanency goal, since the Team Leader is responsible for ensuring that children and families are moving toward permanency. For any FSW with less than 1 year of experience with DCS, there must be a Team Leader or FSW 3 participating in CFTMs convened for any reason.
- For more experienced FSWs, a Team Leader can exercise judgment in deciding whether their participation is needed, based on the competence of the FSW, the complexity of the case, and the availability of others who can participate, such as a FSW 3 or other regional staff.
- The Team Leader must participate in all Discharge Planning CFTMs, regardless of the FSW's level of experience.
- In the above instances described, when the assigned Team Leader is unavailable to attend the meeting, he/she can send another Team Leader or an FSW-3 in his or her place.
- The assigned Team Leader must attend a CFTM for every case under his or her supervision no less often than every 6 months.

◆ **Resource Parents**

- Resource parents with DCS or a contract agency are crucial members of the child and family team. Every effort should be made to ensure their full participation in CFTM's. For

	<p>Initial and Permanency Planning CFTMs, this may involve working with the biological family to help them appreciate the benefit of the resource parents' attendance. For CFTMs held to preserve a placement or to explore placement options, it is very important to have the resource parents there, if at all possible.</p> <p>◆ Other Participants</p> <ul style="list-style-type: none"> ○ Depending on the purpose of the meeting, Child and Family Team Meetings may also involve some of the following individuals: ○ Specialized DCS staff persons may be needed to support the work of the child and family team. These may include, but are not limited to, Assessment/Non-Custodial staff that may have worked with the family in the past, Education Specialists, Health Unit Members, Juvenile Justice Staff, DCS Legal Staff, Independent Living Staff, MSW Consultants, and Permanency Specialists. Staff should exercise judgment to avoid overwhelming the family with too many professional staff. ○ Therapists and/or contract agency staff involved in providing services to the child/youth, family, and/or other identified permanency option; ○ Any former legal custodian for the child; ○ Court Appointed Special Advocate (CASA) Volunteer; ○ Community Partners, including education or school staff where the children attend school, and other support persons identified by the Department. Please note that the inclusion of these parties is subject to the parent(s) consent; ○ Informal supports that are identified by the family or youth as resources; ○ Attorneys, to include the guardian ad litem and the attorney for the child/youth's parents; ○ Persons external to the case, such as OJT coaches, observers, or others not directly involved in the case should not be included without obtaining the permission of the family; and, ○ An interpreter, as needed.
<p>C. Assessing and Understanding the Child and Family Team</p>	<p>1. The Child and Family Team have an important contribution to make to the FSW's ongoing assessment and understanding of the family and child(ren). This is particularly true with informal supports and extended family members, who know and care about the family. The FSW should explore how each team member perceives the strengths and underlying needs of the family, the risk and safety issues presented, and what is necessary for the child to</p>

achieve a permanent home that will meet his/her needs.

2. Members of the team should have a shared understanding of the family that is reflected in coordinated efforts consistent with the goals agreed upon by the Child and Family Team. As goals are achieved, the team is engaged in reassessing the progress made and modifying strategies or services as needed, to address any new information or problems that may arise.
3. The content of a CFTM should be focused around the purpose of that meeting; and the purpose should guide which team members participate. Assessment information should be shared with the family and their views must be incorporated into the FSW's overall assessment.
4. There is a general agenda for each CFTM that should elicit assessment information and the team's insight into the child and family's strengths, needs, and circumstances. Please refer to [Stages of a Child and Family Team Meeting](#) for a detailed description of a CFT Meeting agenda. Some highlights follow, which demonstrate how assessment and understanding are woven into the CFTM process:

a) Introductions

Participants are introduced and the purpose of the meeting is made clear to everyone.

b) Identify the Situation – The Family Story

- i. This includes clearly identifying the current situation; what precipitated the need for the meeting, and what decision(s) need to be made. DCS staff must support the child and parents/caregivers in sharing their story related to their current situation, their concerns, and in defining what they would like to see result from the meeting.
- ii. Every member of the team should be invited to contribute to the team's understanding of the immediate situation before the meeting progresses to the next stage.
- iii. Check for consensus that the present situation has been fully identified before moving on

c) Assessing the Situation – Identify Strengths/Needs Concerns

- i. The family is invited to identify the strengths, resources and capacities they have to help them address the concern(s). Every member of the team is encouraged to contribute to the list of strengths they see in this family
- ii. The team must examine and assess all of the safety and risk issues associated with the concerns identified and the impact these issues may have upon the children involved. This should include some discussion of the history of the problem.
- iii. The team should review what services have been utilized to support this family and the effectiveness of those services so far. The family should be encouraged to identify any informal supports they have.
- iv. The family and team explore what underlying needs may be contributing to the issues or concerns presented. The child/family/caregivers are helped to articulate what they need to

	<p>address the concerns; for example, to take care of their children at home, or to maintain the stability of the child's placement.</p> <ul style="list-style-type: none"> v. Sensitivity and judgment should be exercised when families or youth are reluctant to discuss certain issues in the large group. It is good practice to provide alternatives in the event families are not comfortable addressing all of the issues with the entire team present. vi. The FSW should inform the team of his or her recommendation for this situation. <p>5. Ensuring that the team works through the stages of Identifying the Situation and Assessing the Situation prepares them to Brainstorm Solutions and Develop a Plan that will utilize the resources the Child and Family Team have to help the family meet their goals.</p> <p>6. Effective CFTM's should engage all family and team members in an ongoing process of assessment and understanding of what the child and family needs to ensure that children are in a safe, permanent home.</p>
D. Planning and Long-Term View	<ol style="list-style-type: none"> 1. The child/family should have a single integrated permanency plan developed by the child and family team that works as a comprehensive, dynamic service organizer and is focused by the long-term view for the child and family. The permanency plan specifies the goals, roles, strategies, resources, and schedules for the coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and family. 2. The broader the representation on the team, the more likely that case plans will be developed that are specific to each family's needs, providing a mix of services and supports that will maximize the resources of the Child and Family Team. 3. Please refer to policy <u>16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody</u> for guidance on the permanency planning process. 4. In addition, plans should address the desired outcomes and the long-term view for the child and family. The FSW and the team should encourage the family to explore how they want their family to be in the future, beyond the resolution of the immediate safety issues necessitating DCS involvement. There should be a shared vision among the team defining what things must change and the steps it will take to achieve the goals for the child and family to maintain the change once the case is closed. 5. To be acceptable, a child and family permanency plan should: <ol style="list-style-type: none"> a) be based on the big picture assessments, including clinical, functional, educational, and informal assessments; b) reflect the views and preferences of the child and family; c) be directed toward the achievement of strategic goals and success of the child; d) be coherent in design, balanced in the use of formal and informal supports;

	<ul style="list-style-type: none"> e) be culturally appropriate; and, f) be modified frequently, based on changing circumstances, experience gained, and progress made. <p>6. The written child and family permanency plan defines the outcomes and reflects the collective intentions of the Child and Family Team - it describes the path and the process to be followed in order to ensure that children are safe and permanency is achieved in a timely fashion.</p> <p>7. The Child and Family Team planning process should drive the implementation of strategies, actions, and services.</p>
E. Tracking and Adaptation	<ol style="list-style-type: none"> 1. The FSW is responsible for following up on referrals and tasks assigned to the members of the team to ensure that the services and strategies developed in the plan are being executed in a timely and competent manner. This requires coordination and resource management to ensure that progress is being made. The FSW must maintain regular contact with the family and team to ensure that: <ol style="list-style-type: none"> a) The strategies, actions, and services planned for the parent/family and child are being implemented in a timely, competent, and dependable manner, consistent with family-centered practice and necessary cultural accommodations. b) Actions, supports, and services linked to change strategies are being provided at a level of intensity and continuity necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning for the parent and child. c) Service providers (e.g., social workers, care staff, teachers, therapists, tutors, mentors) are receiving support and supervision necessary for adequate role performance in conducting the planned change strategies for the parent and child. 2. The FSW reconvenes the Child and Family team for reviews and revisions of the permanency plan when changes are needed, such as services are not being provided as planned, the child or family is not responding well to the services, or new issues have arisen that the team must address. 3. An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. 4. The service plan should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The FSW must play a central role in monitoring and modifying planned strategies, services, supports, and results. Team Leaders should be reviewing the progress on permanency plans with FSWs on a quarterly basis, at the least. Members of the Child and Family Team (including the child and family) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. 5. Following a CFTM, the development and progress of the work done with the family is documented, as follows: <ol style="list-style-type: none"> a) The meeting and outcomes, as well as permanency plans, (if

	<p>developed), shall be documented in TNKids.</p> <ul style="list-style-type: none"> b) Additional assessment information gathered from any CFTM should be entered into the Family Functional Assessment by the FSW. c) If the child or his/her birth parents did not attend or participate, this must be documented in TNKids, with a description of the efforts that were made to encourage the family's participation. d) For meetings in which a permanency plan is not developed or revised, the Child and Family Team Meeting Summary, form CS-0747 shall be provided to all participants and a copy shall be placed in the case file. The team leader must review and sign off the summary. e) For Initial Permanency Planning CFTMs, a written draft of Permanency Plan, form CS-0557, should be given to all participants at the close of Permanency Planning CFTMs. Typed copies can be provided to all team members upon completion of the plan in TN Kids. Policy 16.31, Permanency Planning for Children/Youth in the Department of Children's Services Custody for more details about preparing the plan, providing copies for the parents' signatures, and in the event the parents sign a handwritten copy which is later typed, having both versions available at court for the parents and attorneys to review and approve. f) CFTMs should be documented in the Reviews icon of TNkids.
F. Child and Family Team Meetings for Delinquent Youth in Youth Development Centers	<ol style="list-style-type: none"> 1. Youth Development Centers have some unique challenges to practicing a child and family team model as envisioned in this policy. Some families may live far from the facility; others may be highly reluctant to be involved in this manner; and, the role of the court may limit some decisions the child and family team can make. Nevertheless, DCS believes that involving families whenever possible is critical to helping delinquent youth succeed in their rehabilitation and to prepare them to return successfully to their families and community. 2. CFTMs that are conducted by skilled facilitators (either YDC or regional staff) are mandatory at the following critical junctures of a case: <ol style="list-style-type: none"> a) Classification/IPP Development – The development of a student's IPP shall be done within the context of a CFTM. When classification and IPP development are conducted at the same meeting it too shall be done within the context of a CFTM. When the classification meeting is not part of the IPP development, the family and FSW shall be invited to participate but it is not required that this meeting have a Trained Full-time or Back-up Facilitator. b) Program Transfer/Disruption- Decisions regarding a disruption, or an unplanned transfer from one YDC facility to another shall be made within the context of a CFTM that is facilitated by a Full-Time or Trained Back-up facilitator. Note: This policy <u>does not</u> supersede DCS policy 12.10.

	<p><u>Transfers between DCS Operated Facilities</u> that allows the superintendent to decide whether a youth should be moved on an emergency basis without a Child and Family Team Meeting. However, a CFTM should be convened as soon as possible after an emergency change of placement, if the team is unable to be convened prior to a movement.</p> <ul style="list-style-type: none"> c) Step-down or Release – Decisions regarding step-down or a release from custody shall be made within the context of a CFTM to make sure that all safety and risks that resulted with the child/youth being placed in custody have been addressed and resolved. This will also allow the team to determine whether necessary supports are in place. d) Any team member, the youth, or the youth's family or the family services worker may request a CFTM at any other critical juncture during the life of a case. The need for a skilled facilitator should be determined by the nature of the case and the request. e) The YDC residential case manager shall document the outcome of all CFTMs in the youth's TNKIDS record and will ensure that each team member is provided with a copy of the <i>Child and Family Team Meeting Summary, form CS-0747</i>. This form is completed at the conclusion of each CFTM, with the exception of CFTM's in which a Permanency Plan is developed. f) If interpreter services are required for a CFTM, the YDC residential case manager shall make arrangements as needed. g) The YDC residential case manager shall inform the youth, family, and family services worker about the purpose of the CFTM and clarify the goal and desired outcome of the meeting. h) Advanced planning to ensure the participation of families and family service workers is necessary. Conference calls, video conferencing etc. may be used to ensure the participation of families and FSWs when their physical presence is not possible. The Child and Family Team Meeting may proceed when their (FSW or parent/guardian's) participation has been arranged. The residential case manager shall document their efforts to secure the participation of the family and family services worker in TNKIDS case recordings. i) In the event the child and family team cannot come to a consensus decision, the facility Superintendent and Regional Administrator (or his or her designee) shall review the case, confer with the team and make the final determination. j) In the event that there is no family or youth involved in a scheduled CFTM, the meeting should not be documented as a CFTM, but rather as a staffing.
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Forms:	<p><u>CS-0746 - Meeting Notification</u></p> <p><u>CS-0747– Child and Family Team Meeting Summary</u></p> <p><u>CS-0577 – Permanency Plan (If Applicable)</u></p>
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Collateral documents:	Child and Family Team Meeting Protocol Stages of a Child and Family Team
Glossary:	
Child and Family Team:	The Child and Family team is a collection of family members, professionals and community supports with a shared commitment to helping a family involved with DCS. Working with Child and Family Teams is a philosophy that supports making the best possible decisions in child-welfare cases. The quality of decision-making is improved because all of the parties are actively involved in a child's case (child-if age appropriate, birth parents and their support system, resource parents, DCS staff, community partners and other involved parties). This model respects the expertise that each party brings to the table. Child and Family Team Meetings are convened throughout the life of a case, and members of the team support the child and family on an ongoing basis between meetings. Work with Child and Family Teams should be characterized by respect, honesty, and inclusiveness.
Child and Family Team Meeting:	CFTM is a philosophy that supports making the best possible decision in child-welfare cases. The quality of decision-making is improved because CFTM includes all of the parties involved in a child's case (child-if age appropriate, birth parents and their support system, resource parents, DCS staff, community partners and other involved parties), respecting the expertise that each party brings to the table. CFTM's should be characterized by respect, honesty, inclusiveness and work towards building consensus in decision-making.
Family Service Worker (FSW):	This is a DCS term used to identify the position previously known as the DCS case manager or home county case manager. This person is principally responsible for the case and has the primary responsibility of building, preparing, supporting and maintaining the Child and Family Team as the child and family move to permanence.
Trained Full-Time Facilitator	A DCS Employee whose full-time role at the agency is the facilitation of Child & Family Team Meetings and the coaching and mentoring of staff in their professional development on CFTM. The Full-Time facilitator has completed the core curriculum on Child & Family Team Meetings, the advanced curriculum on facilitating Child & Family Team Meetings, passed the skills based competency exam and met the minimum threshold for competency on their structured observations.
Back-up Facilitator	A DCS employee who is not a full-time facilitator, but who has completed the core curriculum on Child and Family Team Meetings, the Advanced Facilitation Training, passed the skills based competency exam and met the minimum threshold for competency on their structured observations. These staff can be used to facilitate CFTMs when a full-time facilitator is not available.
Placement Stability Child and family Team meeting	A Child and Family Team meeting that must occur before any change of placement occurs for a child. The purpose of the meeting is to assess the child's needs and support continuity of care.